



## VIEWPOINT

## Australian First Nations response to the pandemic: A dramatic reversal of the ‘gap’

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Until the recent death in Dubbo of an Aboriginal man, there have been no deaths from Covid 19 in Australia. The extraordinary success of Aboriginal and Torres Strait Islander populations in controlling the effects of this pandemic has been a global role model. Until early 2021, in spite of their high risk status, dispersed population and fear of health services due to racism, Indigenous outcomes were better than those for non-Indigenous. Aboriginal health leaders at every level brought in worlds best practices and applied them in all urban, rural and remote locations. Instead of the many hundreds of cases, hospitalisation and deaths expected, there were only 150 cases nationwide with 15% hospitalised but no one in ICU and no deaths. This result is a complete reversal of the gap and was due to the outstanding Indigenous leadership, that governments at all levels listened to Aboriginal wisdom and that control was handed to those who knew what to do. This result is not only evidence for why a Voice enshrined in the Constitution would work, it heralds a new way of working with Aboriginal people in Australia. This viewpoint makes the case for a different model to engage and empower First Nations to really close the gap - themselves.

We start this Viewpoint with a quote from a young First Nations woman summarising the First Nations COVID-19 response:

*Indigenous Australia has been spared the impact (of COVID) seen elsewhere because behind every major decision, strategy, approach and public health deployment we have seen culturally-centred leadership from Aboriginal and Torres Strait Islander people. The lessons extracted from COVID-19 will no doubt be numerous and cover a range of knowledge spheres and disciplines. But the one lesson that I hope non-Indigenous Australia finally learns is that Indigenous leadership – when left to genuinely flourish without the ever-present interference and paternalism – is phenomenally powerful, deeply impactful and highly successful, highlighting the ways of knowing, doing and being that exist in Indigenous Australia.<sup>1</sup>*

### Why We Were Concerned about First Nations Risk from COVID-19

Based on previous serious influenza epidemics, we knew that First Nations people were more likely to become infected and to have more serious disease. During the H1N1 epidemic in 2009, rates of morbidity and mortality were high in First Nations compared with the non-Indigenous populations;<sup>2</sup> thus our First Nations people were worried. In 2009, the omission of First Nations peoples in preparedness and response planning of the Federal Government's Action Plan for Human Influenza

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Accepted for publication 4 August 2021.

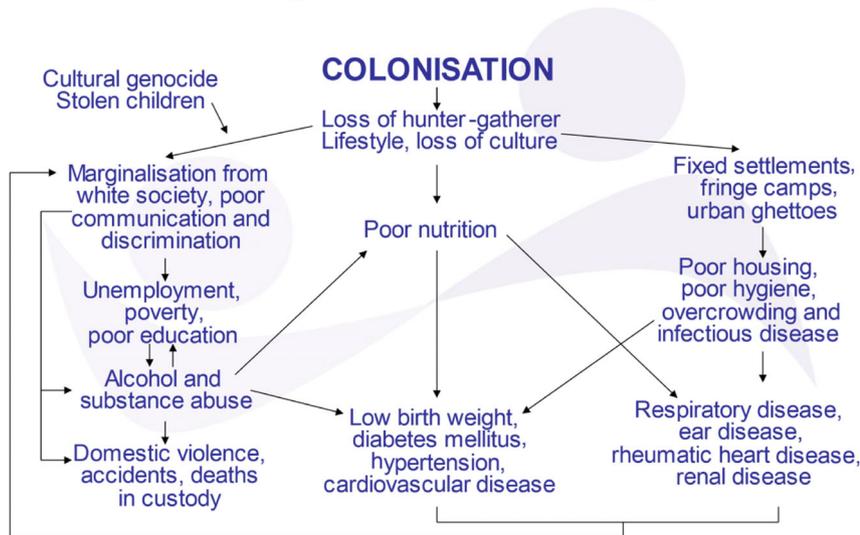
Pandemic<sup>3</sup> resulted in significantly higher notifications, hospitalisations and deaths here in Australia. A similar pattern was seen globally.<sup>4,5</sup> Early evidence from both China and Italy alerted us to COVID-19 being more likely to require hospitalisation, with a higher case fatality rate than influenza, particularly among the elderly and people with co-morbidities. It was clear that both Community Elders and others with underlying chronic disease were at particular risk of severe outcomes of COVID-19.

As well, more First Nations people live outside major cities, where health-care access is fragmented and they would be at risk of poor care if COVID-19 were to spread. Even those living in large urban centres are less likely to use mainstream health-care facilities. We also recognised that the social determinants of health would become a major challenge during a pandemic. Essential services and food supply chains become interrupted, health-care staffing and services are overwhelmed, crowded housing impacts the ability to comply with social distancing measures, isolation or quarantine and loss of jobs and incomes have adverse consequences.

### The Health and Social Gap

The observed patterns of excess acute and chronic diseases and poor social circumstances, poor housing (overcrowding and unsuitable housing), homelessness, substance abuse, poor nutrition (both under nourished and overweight being more common), mental health problems and suicide are not actually First Nations problems but a result of the removal of their lands, culture and children.<sup>4</sup> They are the result of decades of racist and harmful policies, neglect, marginalisation, poor educational and employment opportunities and rejection after rejection of requests for recognition of them as the first peoples whose

## Impact of White Colonisation on Aboriginal Health Today



**Fig 1** Impact of white colonisation on Aboriginal health. (Adapted from Mathews<sup>6</sup> with permission.)

culture has been here for probably more than 60 000 years (Fig. 1).<sup>5–8</sup>

Studies have shown that not only do First Nations people have higher rates of serious illness (cardiovascular disease, cancer, diabetes, mental health problems) but they are much less likely to be diagnosed early, receive screening, and get good care.<sup>7</sup> Much of this is due to overt individual and systemic racism and an understandable resulting reluctance by First Nations people to use mainstream health services.<sup>8</sup> Much of the huge investment in services for First Nations people was not developed in collaboration with them; most were designed by possibly well-meaning bureaucrats who were ignorant of the contexts in which First Nations people were living and remote from their experiences. Whilst the majority of these programmes were useless and costly, some were harmful and had the opposite effect of their aims. The Northern Territory intervention, which was a response to the Little Children are Sacred report<sup>9</sup> developed without any First Nations input, has been in place since 2007 and child sex abuse has steadily increased since that time.<sup>10</sup>

The very low morbidity and mortality in First Nations populations from COVID-19 in Australia is all the more remarkable given these circumstances and the known ‘gaps’ between First Nations and non-Indigenous populations nationally. The main reason for this success is due to outstanding First Nations health professional and organisational leadership with rapid implementation of best practice across all Aboriginal community-controlled health and welfare organisations, which was well organised and used trusting collaborations with relevant government departments.

The outstanding result is a model of how, with First Nations leadership, an expected disastrous pandemic result can be prevented. Up until January 2021, there have been only 148 cases in First Nations people nationwide, 15 hospital admissions, one person in intensive care and no deaths. There have been no cases in remote communities. No cases were associated with the Black

Lives Matter rallies in the major capital cities.<sup>8</sup> As First Nations people make up 3% of the population and are known to be at higher risk, we would have anticipated that 850 or more of Australia’s 27 750 cases would have been in First Nations populations. The rate of infection in the non-Indigenous population was 1.12 per 1000 people (27 602 cases in 24 701 193); that for First Nations people was 0.19 per 1000 (148 cases in 798 365). The death rate was 0.04 per 1000 people (907 deaths) in the non-Indigenous population and zero for the First Nations.<sup>11</sup> The rates of infection were 5.9 times higher for non-Indigenous Australians than for First Nations people, a dramatic reversal of the gap! Not only did the First Nations save hundreds of cases and deaths, they avoided significant hospital and intensive care costs. This response is one of the best of any Indigenous group in the world with many having much worse outcomes.<sup>12</sup>

The First Nations response and outcome to the COVID-19 pandemic is so dramatically different from what was expected, from previous infectious disease challenges and from the gap between First Nations and the rest of Australia that it deserves close analysis to guide future policies and practices. The lessons learnt from the First Nations COVID-19 response can and should now guide the changes needed to improve health and wellbeing across the board to close the gap much quicker than current trajectories are predicting. The major difference was that First Nations were acknowledged to be capable of leading this response, were given the power to act and they established effective partnerships with government and non-government services. This was a unique moment after decades of failed policies, which were developed for but excluded First Nations in their design and implementation. Racism at this level was replaced by a commitment to self-determination. COVID-19 has shown us what that looks like in detail.

An outstanding group of First Nations researchers prepared a report outlining a roadmap to coming out of COVID-19, which is also a blueprint for First Nations improvements more

generally.<sup>13</sup> The roadmap made four recommendations to government: (i) the right to self-determination and to lead coordination; (ii) an immediate increase in the supply of housing with two additional recommendations about cultural and social support and young people and policing; (iii) support for Indigenous data sovereignty and (iv) review of Aboriginal and Torres Strait Islander health workforce. Clearly the intelligently coordinated Indigenous-led response to COVID-19 provides the evidence for point (i). It points to the need for a well-funded national network of trained professionals in all Aboriginal Community Controlled Health and other services, as well as the need to employ more Aboriginal staff in mainstream services and to establish services where they are missing in areas with Aboriginal and Torres Strait Islander populations. The case for improved housing has been made relentlessly by First Nations leaders; its role in poor health, educational and child protection outcomes is well documented. Investment in better housing in both remote and regional communities would be extremely cost-effective as well as human public health.

MaiamnyriWingara describes a most exciting First Nations global initiative.<sup>14</sup> The goal is to enable Aboriginal and Torres Strait Islander peoples across Australia to take control of their data, vital in the pandemic but essential across all aspects of Indigenous data collection, storage, access, sharing, analysis, interpretation and use for improving outcomes more effectively.<sup>14</sup> The 'data sovereignty' principles, agreed by a gathering of Indigenous researchers in 2018 in Canberra,<sup>15</sup> adopt a rights-based approach aimed at effective Indigenous data governance to 'empower our peoples to make the best decisions to support our communities and Indigenous in the ways that meet our development needs and aspirations'.<sup>15</sup> The principles are based on the UN Declaration on the Rights of Indigenous Peoples.<sup>16</sup>

## **Pandemic Response Provides Good Evidence to Implement the Uluru Statement from the Heart**

For decades, Australia's First Nations peoples have sought to secure rights (basic civil rights and human rights, including specific Indigenous rights); to be recognised in the Constitution as a guarantee of their existence in the Commonwealth and to have the right to self-determination recognised in substantive forms. The litany of government rejections of the right to recognition and to have a say in their own affairs is worth considering in the context of the COVID-19 pandemic and the grave threat it posed to our peoples, notwithstanding the outstanding work that resulted in arguably the best outcome in the world. In 2016, the Aboriginal and Torres Strait Islander peoples were instructed by Prime Minister Malcolm Turnbull, supported by leader of the opposition, Bill Shorten, to consult widely about what constitutional changes they would like to make. This extraordinary opportunity was one to which the nation's Aboriginal and Torres Strait Islander people responded with enthusiasm. The First Nations leaders organised a year of extensive dialogues, 12 in all, across the nation to which First Nations people and representative organisations were invited. The Uluru Statement<sup>17</sup> is a beautifully crafted document explaining the strength and longevity of connection to country, the love of family and the future hopes for their children. It was signed by representative groups and

respected Elders from all over the nation. Its recommendations are for a voice enshrined in the Constitution, truth-telling (about the history and impact of colonisation) and to start conversations about treaties. It also invited non-Indigenous Australians to be on this journey with them. It said: 'In 1967 we were counted, in 2017 we want to be heard'.<sup>17</sup> Such recommendations are consistent with the United Nations *Declaration on the Rights of Indigenous Peoples*.<sup>16</sup> The statement was crafted to fit with Australia's democratic and legal systems. The Uluru Statement from the Heart is essentially a mandate from Aboriginal and Torres Strait Islander People to have a greater role in decision-making on issues that will impact their communities. The Convention called for a referendum on the Statement from the Heart. Many non-Indigenous supporters felt inspired by this statement, which made such reasonable suggestions, which was not threatening but guided a path forward for a socially just agenda for our First Nations peoples. Five months after it was released, the Government rejected the requests in the Uluru Statement, commenting that 'an Indigenous voice to parliament is neither desirable nor capable of winning acceptance at referendum.' Turnbull said that the voice 'would inevitably become seen as a third chamber of parliament. Our democracy is built on the foundation of all Australian citizens having equal civic rights ... a constitutionally enshrined additional representative assembly which only Indigenous Australians could vote for or serve in is inconsistent with this fundamental principle. Moreover, the government does not believe that such a radical change to our constitution's representative institutions has any realistic prospect of being supported by a majority of Australians in a majority of states'.<sup>18</sup>

This response was shattering to First Nations people. This rejection came as yet another of nearly one hundred years of proposals, well-prepared legal arguments, beautifully painted artworks and other documents presented to governments by First Nations to claim their rightful place in Australian history. Surely this could not be a repeat of the inertia and inability to act following the Royal Commission into Aboriginal Deaths in Custody<sup>8</sup> and the Bringing Them Home Social Justice report?

We believe that the First Nations response to the COVID-19 pandemic needs to be seen and judged in the context of this request for a voice enshrined in the Australian Constitution. If First Nations people are given a voice, more power and responsibility to act for their own populations, their outcomes will improve.

This is the unfinished business in Australia. Enshrining the Aboriginal and Torres Strait Islander Voice into the Australian constitution will mean that the First Nations response to the Pandemic is not a one-off historical moment but rather normal business for Governments and how they work with Aboriginal and Torres Strait Islander People and organisations. Until this is resolved, business will remain as usual and impact, and because of Government-generated policy, will be minimal. The evidence supporting the effectiveness of giving First Nations people a voice is now overwhelming. Their response to the pandemic is an outstanding example of how services work when organised and overseen by those who need them most. Costly, useless and even harmful policies have been thrown at our First Nations populations for decades by successive Federal and State/Territory governments, with little improvements in any of the Closing the Gap targets. The strong message from the pandemic and the First Nations response to it is to support the Uluru Statements request

for a voice enshrined in the Constitution. The question that should be asked is without significant Indigenous input (voice) would we have had more severe outcomes? We believe so and we need the Statement from the Heart to be constitutionally enshrined for 'us to be heard, to have impact on our livelihoods'.

How can we not acknowledge the wisdom of this elder, Galarrwuy Yunupingu, a Yolngu elder who signed the Uluru Statement?:

*What Aboriginal people ask is that the modern world now makes the sacrifices necessary to give us a real future. To relax its grip on us. To let us breathe, to let us be free of the determined control exerted on us to make us like you. And you should take that a step further and recognise us for who we are and not who you want us to be. Let us be who we are – Aboriginal people in a modern world – and be proud of us. Acknowledge that we have survived the worst that the past has thrown at us, and we are here with our songs, our ceremonies, our land, our languages and our people – our full identity. What a gift this is that we can give you, if you choose to accept us in a meaningful way.*

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